

SHORT REPORT

US Experiences for Quality Assurance in Swiss Health Care Settings

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This report illustrates the first step of a research project at the Institute of Business Research, University of Zurich, concerning quality improvement techniques in Swiss health care institutions. It endeavors to provide a forecast of further research activities.

Apart from the analysis provided by the most recent follow-up on the National Demonstration Project for Quality Improvement in Health Care (NDP), this also shows the lessons learned from the perspective of the initial NDP participants. Additionally, the results are adapted for application to European circumstances for quality improvement activities in health care institutions. US experience shows that physician involvement along with a good database are key success factors for quality improvement. Strategically important processes must be selected early on for quality improvement projects. It is important to start with intensive training of process leaders instead of a broad-based training.

Furthermore, the new Swiss law regarding quality assurance and its results are explained. The formation of the National Committee for Quality Assurance (NAQ) means that first-time Swiss health care providers, as well as health insurance-companies and cantonal representa-

tives, are discussing quality measures and clinical standards on a national level. Copyright © 1996 Published by Elsevier Science Ltd.

INTRODUCTION

The new Swiss health insurance regulation (KVG) will lead to fundamental changes in Switzerland's health care system. Two new paragraphs (Art. 58 and 59) are of special interest, because they prescribe quality assurance activities for health care providers. However, the new Swiss law does not determine quality measures. General formulations only imply the necessity of quality assurance, rather than its exact configuration. For this reason, the NAQ (National Committee for Quality Assurance), which involves all stakeholders concerned with the new regulations, has been founded. It brings together health care providers as well as health insurance-companies and cantonal representatives. Their objective is to discuss and institutionalize quality measures and clinical standards.

Three alternatives for a national quality assurance system are currently under discussion: an accreditation commission (like the Joint Commission on Accreditation of Healthcare Organizations), International Standards Organization (ISO) certification, and health care quality audits. The goal of the NAQ is to find a pragmatic system to evaluate the quality of care provided. This system should provide international compatibility and include aspects

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Received 5 December 1995; accepted 11 December 1995.

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of total quality management. In contrast to existing ISO systems, a Swiss quality assurance system would focus more on clinical outcomes than on managerial approaches. In determining quality standards in health care, a new "ISO-oriented" system, including clinical indicators for disease management, must be developed.

While concrete results from the NAQ are first expected in 1–2 years, several quality projects are already starting on a local level in order to improve the health care provided today. In this respect, a research project from the Institute of Business Research at the University of Zurich is focusing on the development of a quality improvement concept tailored especially for Swiss hospitals.

The first step of the Business Research Institute project included a late follow-up on the National Demonstration Project [1,2] (NDP) and its impact and influence on pursuing quality improvement in the US.

Seven years ago, the NDP brought together leadership teams from 21 health care organizations with 21 experts in quality management from major American companies, consulting firms, and universities. They sought to determine whether quality management theory and techniques were transferable to the field of health care. The teams began with quality improvement projects in their own organizations. Quality improvement in the case of the NDP meant improvement of process performance through redesign of existing processes, creation of process owners or reduction of suboptimization. Their strategy was based on the assumption that a better process system leads to better health care provision.

In the early stages of the NDP, small quality improvement projects were started and abandoned with little attention to their ultimate completion or success. These smaller projects were less significant than the fact that the NDP gave these organizations a place to start. This, in turn, led to a broader systems view of quality improvement. Tremendous insight was gained from the first cycle of improvement projects, enabling the development of a second cycle which ultimately created change. The NDP was therefore the spawning ground for the idea of quality improvement in the participating organizations.

The various NDP projects concentrated mainly on non-clinical processes. This may be attributed to the participants' expectation of provoking less resistance than in clinical surroundings. In particular, owing to the similarity of most non-clinical processes to industrial processes, researchers could expect easier and less troublesome adaptation, followed by relatively quick and secure success. As anticipated, the efficiency of non-clinical processes was enhanced during the NDP. Most of the time, costs of poor quality—caused by waste, rework, overcomplexity etc.—were successfully reduced.

Non-clinical processes are not recognized as core processes in health care organizations, but top management only supports processes which are considered critical. The major shortcoming of several NDP projects has been the selection of processes with no decisive strategic importance. Such selection leads to short-term success, but fails ultimately to highlight the importance of quality improvement activities. Consequently, top management refused to support quality improvement projects with the requisite resources and commitment.

The lessons drawn from initial NDP participants have been transferred to Europe to be utilized for quality improvement projects. Crucial to this endeavor will be the definition of core processes in a health care organization, prior to the implementation of quality improvement activities. In order to secure physician support for quality improvement projects, it is imperative to engage senior medical staff members from the outset and to begin with clinical processes. Only with physician involvement in the definition of clear targets and specification of their own instructions can quality improvement be implemented successfully. In so far as clinical processes carry larger strategic significance for the entire organization, the support of top management is indispensable. Recording and evaluation of processes which should be improved require a broad database. Moreover, it is important to focus training on a smaller decisive group of individuals, since broad-based training has been shown to be ineffective.

The next step of the Business Research Institute's research project contains a pilot project in one of the most innovative Swiss hospitals. The aim of the project is to identify and analyse the

hospital's core processes. This includes the measurement of clinical and non-clinical process quality as well as the determination of standards to create benchmark capabilities. Additionally, possible contributions to the national quality assurance system will be evaluated.

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